DOCUMENT RESUME

ED 138 862 CG 011 329

AUTHOR Cox, Gerry R.
TITLE An Analysis of Factors Influencing Attitudes Toward Death.
PUB DATE Apr 76
NOTE 34p.; Paper presented at the Annual Meeting of the Midwestern Sociological Society (St. Louis, Missouri, April 21-24, 1976)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Anxiety; *Attitudes; *Behavior Patterns; *Cultural Factors; *Death; Evaluation; *Fear; *Individual Psychology; Life Style; Research Projects; Social Behavior; *Social Psychology

ABSTRACT

This article assesses the affects of several factors; sex, age, occupation, size of residence, anomie, marital status, class, and world view, on attitudes towards death. The author's attitudes model is based upon the four-part basic Durkheimian typology, varying in degree and nature of an individual's integration in societal groups. Included in appendixes are the questionnaires used and an extensive bibliography. (MML)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED138862

AN ANALYSIS OF FACTORS INFLUENCING ATTITUDES TOWARD DEATH

Dr. Gerry R. Cox

Indiana University East

Richmond, IN

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY

Dr. Gerry R. Fox

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

A paper presented at the annual meetings of the Mid-West Sociological Society

St. Louis, Missouri

April, 1976

CG 011329

An Analysis of Factors Influencing Attitudes Toward Death

The Problem

The purpose of this study was to determine the basic factors that influence one's attitudes toward death. A survey sample of 635 from various occupations, marital statuses, ages and so forth was used for the study. A Fear of Death Scale was developed and administered along with Srole's Anomia Scale and Rotter's Internal-External Scale.

Attitudes Toward Death: The Author's Theory

Fear as the Basic Attitude Toward Death

Attitudes toward death are learned. Like prejudice or other attitudes, one's basic attitudes toward death are learned from those closest to him or her. If one's parents and others close to the individual are very fearful toward death and unable to deal with death in any sort of planned or enjoyable manner, then the individual will adopt the same fearful position toward death. There is no easy way to die. There is no easy way to mourn the death of another. Since death is inevitable, families and individuals will have to deal with death sooner or later. How well they will be able to handle death depends upon their attitudes toward it. Some attitudes toward death are healthy and make for less of a crisis for either the individual or the family. Other atittudes toward death are less healthy and increase the amount of crisis and make readjustment more painful and tragic-laden.

It is possible to predict the likelihood of deep fears toward death. Statements as to whether or not a specific individual will have extreme fears of death must be qualified. Several related factors require this qualification. Whatever factors are picked as causing the high fear of death are also influenced by other factors that are not measured. Each individual is unique and has had unique experiences that make him or her something different from a perfectly typical human being representing a particular group or type of human being. Also, while there may be rich traditions of extreme fear of death, there are also probably rich traditions of low fears toward death. So this study, like all others, must consider that it cannot control or measure all of the variables nor even all of the effects of the variables that it does attempt to measure. But, through systematic study of these factors, refinements of observation and measurement will be made that will yield more scientifically useful results.

Most social psychologists would agree that there is no innate fear of death. These fears are learned at a very early age. The more parents and others avoid the topic of death, the more their children learn to fear it. Children are told that their deceased mother has gone on a long journey. This is untrue and later the child will learn that it is a lie. A child may also be told that his grandfather died because he was sick. People do not die simply because they are sick. A child must be taught to distinguish between being seriously ill and not so seriously ill. Children in kindergarten will have already acquired deep fears toward death. These will likely increase as the child matures. (Kubler-Ross, 1969: 178-179)

Typology of Attitudes Toward Death

Attitudes toward death can be divided into four basic types. All of these types vary in terms of the degree and nature of the individual's integration in societal groups. In a later discussion of the basic questions involved in this study, they will be referred to as integration types. The four types are based upon a revision of Durkheim's typology of suicides. According to Robert A. Nisbet, a leading scholar on Emile Durkheim, the French Sociologist treated suicide as deviance. (Nisbet, 1974: 228) Durkheim, himself, says, "If violent destruction of a human life revolts us as a sacriledge, in itself and generally, we cannot tolerate it under any circumstance." (Durkheim, 1951: 337) Durkheim also suggested that suicide was immoral because it "denies the religion of humanity." (Durkheim, 1951: 337) Thus by Durkheim's standards, suicide was regarded as an immoral act. It would appear that in modern society to have an excessive fear of death would also be considered to be deviant. Since the U.S. is basically a Christian society, excessive fears of death would also appear to be deviant from this perspective. For a good part of modern American society, life, itself, is sacred and what happens to the body after life leaves it is also sacred. Part of the value of life is the meaning attached to it. This meaning is enhanced by participation and integration in social groups. Groups themselves, provide definitions of death and how it should be accepted.

In most ancient religions, death in battle was the ideal way for a person to die. To die for the group was the high point of one's life. Death, rather than being highly feared, was actually looked upon as something to be sought out. For Durkheim, to die for others in order to save them or help them was suicide. (Durkheim, 1951: 223)

Probably most warriors or other heroic types did not actually die in battle, but historical accounts of bravery indicate that many demonstrated a willingness to die for the good of others and demonstrated further a lesser fear of death. Altruistic attitudes toward death would describe individuals who were well-integrated into their social groups and saw death as something to look forward to as an event. Such people exhibit hightened identification with their social groups and take the meanings or sense of purpose for their lives from the groups of which they are a part. Altruistic attitudes toward death would probably describe the attitudes of many aged persons who feel that they have already lived out their lives and are ready for it to end. Other types of altruistic attitudes toward death would be demonstrated by martyrs of various types. These are the "true believers" that Eric Hoffer writes about who would die for any cause to give meaning to their lives. The group makes their life worthwhile and death holds no fear for them. Hoffer writes that, "the estrangement from the self is usually accompanied by a train of diverse and seemingly unrelated attitudes and impulses which a closer probing reveals to be essential factors in the process of unification and self-sacrifice." (Hoffer, 1951: 58) Others might seek death because they see the basis for their existence as being beyond life. Such people are highly integrated into their religious groups and have close ties to their social organizations. The expected response of their group and its teachings about death seem to make the acceptance of death easier and less fearful.

A second attitude toward death is the egoistic attitude. For Durkheim, egoistic suicides were those that had a low degree of integration into their social groups. Such people had little, if any,

identification with their social groups and did not take meaning or purpose for their existence from the groups to which they belonged. These people tend to be the non-religious, the unmarried, and the disillusioned. Such people are characterized by few common beliefs and values. Life for such people offers little meaning or purpose. They have limited interaction and are dedicated to self-interests rather than to the interests of the groups of which they are a part. Groups do not provide meaning and purpose for such people. As Durkheim suggests, such people are very high in rates of committing suicide. Since life seems to provide little meaning or purpose, it is readily surrendered. (Durkheim, 1951: 209) Such people are also likely to be highly fearful of death.

A third type of attitude toward death is the anomic fear of death. These people lack the usual constraints and regulations. They tend to have deeper anger, disgust, weariness, and emotions. Durkheim views such people as having gnawing or obsessing needs that to others might seem to be artificial or trivial. This is what has been called relative deprivation. (Nisbet, 1974: 231) Such people are also high in fear of death and are related to the egoistic types. Those suffering from anomie typically are those who have undergone some sudden change in their life-style. They tend to be people who dislike life. Death, also, seems to offer little hope of anything better. Death is simply a way out of an unpleasant existence. Like life, death is disliked.

A fourth type of attitude toward death is the fatalistic type. For the individual suffering from anomie, society has very weak controls over the individual. The individual often does not quite know where he or she stands and is disoriented. Fatalism, on the other hand, involves

excessive controls by society over the individual. Young husbands who are over-regulated or very young married women may find their alternatives are so limited that their situation becomes oppressive. Slaves and prisoners would suffer the same fate. Society seems to regulate without any freedom of choice. Life is mapped out for the individual without any hope for alternatives. His or her future is already decided. The street corner man in the ghetto need only look at the older street corner men to see where he will be in ten or twenty years. Death, like life, is feared, but at least death offers an escape.

Fatalism can also be of still another type. Some social and political leaders seem to exhibit still another type of fatalism toward death. Robert Kennedy, Mr. Martin Luther King, Jr., and other such leaders seem death-prone by their very style of life. By provoking controversy and flirting with death, they seem to incite potential assassins. While more work needs to be done in this area, there seems to be little doubt that some leaders are more assassination-prone than others. Like the altruistic type, the fatalistic type seems to have little fear of death. Death will occur when one's time is up. This is in contrast with the idea of death as an escape which Emile Durkheim attributed to his fatalistic type.

The work of Talcott Parsons also seems to lend support to the typology just presented. Parsons stresses the idea of shared sentiments as a basis of individual choice among possible paths of conduct and thought. He suggests that the subjective meanings that one assigns to his or her experiences is an important cause of action. Parsons shifts his focus from the forces of the changes brought about by the division of labor becoming increasingly complex to the subjective meanings assigned to individual experiences within the framework of one's position in the expanding

division of labor. Anomie would then be present where the common sentiments were not strongly upheld and where regulations were weakly enforced. Egoism would be present when the collectivity placed a high value on the individual. (Parsons, 1951: 144)

Tentative Hypotheses

The basic question involved in this study is what are the basic factors that influence one's attitudes toward death. Questions central to the proposed investigation are these:

1. What factors can be identified which seem to predispose certain individuals to different types of attitudes toward death?

2. What are the general societal participation styles of individuals of the various integration types? Can distinct styles be identified? For example, do those of one type have distinct occupations, marital status, similar residence size, and so forth as compared to those of another type?

3. Are there specific differences among the integration types in terms of scores on tests measuring anomie? In other words, do some types have significantly greater amounts of anomie than other types?

4. What specific factors are useful in determining an individual's measure of fear of death? Are some distinctions more useful than others in determining attitudes toward death?

These questions are basically all interrelated. Tentative hypotheses may be suggested in regard to each of these questions:

1. Fear of death varies inversely with the degree of integration of the individual in the social groups of which the individual forms a part.

2. Fear of death varies directly with the degree of anomie of the individual.

3. Fear of death varies inversely with the degree of internal orientation of the individual.

The specific list of the tentative hypotheses and their various levels is given below.

First Level:

H_1: Fear of death varies inversely with the degree of integration of the social groups of which the individual forms a part

Second Level:

H_1: Fear of death varies inversely with the degree of integration of religious society
H_2: Fear of death varies inversely with the degree of integration of domestic society
H_3: Fear of death varies inversely with the degree of integration of political society

Third Level:

H_1: City dwellers > rural dwellers
H_2: Adults > children
H_3: Older adults > younger adults
H_4: Males > females
H_5: Lacking mission in life > With mission in life
H_6: Dislike of life > prefer life
H_7: Without religious support > with religious support
H_8: Upper social classes > lower social classes
H_9: Unmarried > married
H_{10}: Often depressed and sad > rarely depressed and sad
H_{11}: Avoid thoughts on death > can actively think about death
H_{12}: Those who lack death experience > those who have death experience

The basic position being taken in this study is that society has primacy over the individual. According to Durkheim, the single most important unifying forces in society are the basic elements found in the religious institutions. (Durkheim, 1915: 38) The force and impact of religion in modern American life is somewhat open to question. An attempt will be made to determine whether or not religion has any affect upon attitudes toward death.

A major concept that will be difficult, if not impossible to deal with directly, is what are normal levels of fear of death? Above what point do

fears toward death become pathological? Since there are no established rates of fear of death, an attempt will be made to compare scores on the new fear of death scale with existing scales of anomie and internal-external characteristics which have been tested sufficiently to be both valid and reliable. If there is any general feeling of weakening of norms and values in society, then there will be little difference in scores of any of the scales regardless of the variables. It is strongly expected that some occupations and types of people will still be strongly influenced by the groups of which they are a part and thus will have lower fears of death than those individuals who are at least relatively isolated.

If individuals are truly sustained by groups as Durkheim suggests, then people who have strong group cohesion should have lesser fears of death, less anomie, a greater tendency toward internal orientation. People with weaker social bonds, conversely, are more likely to have greater fears of death, higher rates of anomie, as well as more likely to be external in their orientation. Several indicators of social bonds and their relative strength will be used. See Figure I.

For Durkheim, the loss of commitment was the greatest evil. (Durkheim, 1973: 138-139) Thus, one would expect to find greater fears of death among people who were once highly committed to some group and have since lost that commitment. This is basically the anomic type. Someone who was married and has lost their spouse would be an example. Those who have endured sudden changes would also fall into this category. Frustrated students for whom the rules no longer apply. Certain occupations would also be likely candidates for such feelings. An example might be the small business man or woman who sees the world as not being as good as it used to be. Change is simply too much for them.

There are also people who move from place to place in the hope of finding a more gratifying life. Frustrated, unhappy people who are occupationally dissatisfied, the seekers of love, those who flee to California, to Florida, and to Nevada to find fulfillment. These states and particularly glamorous cities would probably have the highest rates for fear of death. These people are the most vulnerable in their ability to sustain hope and under particular individual stress would have high fear of death rates. This type would be primarily egoistic.

Those in the lowest positions of society and those in the highest positions of society would also seem to be particularly vulnerable to high fear of death rates. Those for whom life has little, if anything, to offer either through excessive regulations or dominance by others or through having so much that flirting with death is the major diversion. For Durkheim, slavery was the best example of the former. The revision of Durkheim's typology is exemplified by the latter which includes the super-rich who race cars or have other dangerous diversions just to try to find some meaning in their lives. Death can be an escape or simply the price to be paid for a chosen life-style. This corresponds with Durkheim's fatalistic type.

Maurice L. Farber (1968) suggests that social isolates are usually the very ones who can least tolerate social isolation. He suggests that those who are more isolated would be likely candidates for suicide. (Farber, 1968: 59) Such people would also be likely candidates for higher fears toward death. This would include single people, those with few, if any, group activities, little leisure time, those who are often depressed and sad, those in minority groups who lack any identification with their minority groups, bachelors, and those with no religious orientation.

Jack P. Gibbs in his work on suicide suggests that social class is not very predictive of suicide. (Gibbs, 1968: 29) Fear of death would seem to follow the same pattern. People in any social class would be open to high rates of fear of death. Andrew F. Henry and James F. Short, Jr., suggest that those who have intense involvements with others and have strong internal constraints would be less likely to commit suicide. (Farber, 1968: 60) Such people would also be likely to have high fear of death rates. Those who blame others for their problems or feel that they have little control over events in their own life would be external oriented and also expected to have high death rates. Those with "high internal constraints" would appear to be in concurance with the idea that the internal oriented would have lower fear of death rates.

The work of Farber also seems to suggest that lower suicide rates would exist if children could be instilled with more hopeful futures and if greater feelings of competence in themselves could be developed. (Farber, 1968: 82)

It would also appear that lower fears of death would follow among those with more hope and with greater feelings of competence. Hope is both a function of personality and of external conditions. If one feels that he or she has greater control of his or her own fate, then he or she is more likely to have better feelings about his or her own life and less fear of his or her own impending death. Essentially, this theory of the causes of the fear of death is a theory of change and deviance.

Instruments to be Used

The selection of attitude scales revolves around the problem that is of concern in the research problem. In this study. it was suggested that high fear of death was correlated with anomie as conceived by Durkheim. There are several commonly used scales to measure anomie. The Rotter Powerless Scale and the Srole Anomia Scale are the two scales used in this study.

The concepts of anomie and alienation have long been of interest in sociology and psychology. In recent years, such concepts have been used to demonstrate a weakening of personal and social identities with traditional groups and institutions. (Miller, 1970: 316)

According to Srole, his scale refers to the individual eunomie-anomia continum representing the respondents generalized pervasive sense of himself to others belongingness at one extreme compared with himself to others distance and himself to others alienation at the other end of the continuum. The test contains five items with which the respondent may either agree or disagree. An item is scored zero or one depending upon whether or not the respondent agrees or disagrees. The higher the score the greater the anomie. (Srole, 1956: 713) His scale has been widely used and found to be both reliable and valid. (See Bell, 1957; Blalock, 1963; Lenski, 1960; Seeman, 1967)

The second scale is basically an internal-external scale developed by Rotter. The theoretical position of this scale is that the individual sees the world as becoming more and more distant from him. With the numerous problems facing man such as pollution, energy crisis, over-population, bombings, assassinations, and so forth that the world is getting further and further out of hand. Extrangement, apathy,

indifference, alienation, anomie, normlessness, and withdrawal characterize many modern Americans. (Phares, 1973: 1) If an individual sees the world as being controlled this way he can be described as having a belief in external control. If the person perceives the events of his life as basically being under his own control or based upon his own behavior then he is viewed as having a belief in internal control. Merton (1946) discussed the belief in luck or external events as a defense mechanism enabling the individual to preserve his own self-esteem in the face of failure. The alienated or anomic individual seems to be related to group behavior and groups level of control over the individual. This was the basis of Durkheim's work as well as that of Marx and Weber.

Merton (1949; 211) and Seeman (1959; 782) attempted to link alienation and powerlessness to the internal-external variable. Obviously, the scale developed by Srole in 1956 was a much shorter attempt to do the same thing. A great number of psychologists and sociologists have also dealt with this aspect of the internal-external scale.

One of the prime features of the internally oriented person is his active attempts to deal with his environment. (Phares, 1973: 10) Thus, such a person would be expected to have lower fears of death. He would normally be expected to have attempted to deal with that part of his environment as with any other part of it. Also, the bulk of the research seems to indicate that externals exhibit greater suggestibility, attitude change, and conformity. Internals are shown to be better adjusted, less angry, hostile or depressed, and less likely to turn to drinking behavior. On the other hand, externals seems to be more lacking

in interpersonal trust, more suspicious, and lower in self-exteem. Externals also have greater proneness to suicide. Also, as externalness increases, so does anxiety. The role of anxiety is to increase the feelings of being threatened and thus increase fear and to produce greater defense mechanism. (Phares, 1973: 14) Such behavior would obviously characterize those which have greater fear of death. Since the use of the internal-external scale has also been found to be both reliable and valid and has further been widley used, it was also chosen. If the factors chosen to indicate fear of death are valid, then they should correlate highly with both scales.

Analysis of Data

The questionnaire developed for this study was constructed to elicit information in four general areas. Part I was designed to acquire general socioeconomic data about the respondents. Part II allowed each respondent to complete the Srole Anomia Scale. Part III was the author's Fear of Death Scale. Part IV was Rotter's Internal-External Scale.

The first level of analysis was to determine whether or not the degree of integration of the individual with his or her social groups was a predictor of fear of death. As mentioned, two scales were used as predictors of fear of death. The first method of analysis was the test for product moment coefficient of correlation.

The Pearson Product Moment Correlation Coefficient was applied to the three scales in pairs. The correlation of the Fear of Death Scale with the Srole Anomia Scale ($r = .25$; $.001$) indicates that Srole Anomia Scale is at least a weak predictor of fear of death.

The Srole Anomia Scale was also paired with the Internal-External Scale ($r = .35$; $p < .001$). This correlation indicates that there is a relationship present between the Srole Anomia Scale and the Internal-External Scale.

The Internal-External Scale was correlated with the Fear of Death Scale ($r = .34$; $p < .001$). It can therefore be assumed that the Rotter Internal-External Scale is a better predictor of fear of death than the Srole Anomia Scale. This could simply be because the Internal-External Scale was longer and more precise. The Rotter Scale did also include items dealing with anomie which would explain the stronger correlation between it and the Srole Scale.

Using Analysis of Variance, the Srole Anomia Scale was broken down by age. It was found to be statistically significant with an F ratio of 3.587 as a predictor of anomie among various age groupings. As was expected the over-fifty age group was very low in anomie. Surprisingly, the forty-one to fifty age group had the lowest rates of anomie. The twenty-six to thirty age was the highest followed by the twenty-one through forty category. These categories were also all subjected to a ninety-five percent confidence interval and found to fall within the acceptable range.

Using Duncan's procedure at the .01 level of significance, the forty-one through fifty category was found to be significantly different from all of the rest. It was easily the lowest in anomie. The twenty-one to twenty-five and the twenty-six through thirty categories were also significantly different being high. At the .05 level of significance, the above conclusions were found with the addition of the under twenty-one group being also found to be high in anomie.

When the Fear of Death Scale was subjected to the Analysis of Variance Test, significant results were found ($F = 6.11$; .01). As was expected, the highest rates of fear of death began with the youngest age category and decreased as the age categories increased in years with the lowest rates being found with the oldest age categories. The means were also subjected to the ninety-five percent confidence intervals and found to fall within acceptable ranges in every case.

Using Duncan's procedure at the .01 level of significance, similar findings were recorded with a grouping effect. The highest fear of death rates were in the under twenty-one category, the twenty-one through twenty-five category and the twenty-six through thirty categories were placed together as having approximately similar but lower fears of death. The thirty-one through forty category and the forty-one through fifty categories were placed together as having approximately similar but still lower rates. Using higher levels of significance for the Duncan procedure simply divided the categories approximating what was found with the F ratio.

Using Scheffe's procedure, at the .05 level, three groups were designated as being distinct from the others. The oldest category was significantly lower. The youngest category was significantly higher in fear of death from the rest. The middle categories were not found to be significantly different from each other.

The use of Analysis of Variance with the Internal-External Scale also yielded significant results ($F = 8.07$, .01). The categories by age also all fell within the acceptable range of the ninety-five percent confidence level. As was expected, the younger the

category, the more external the individual. The means increased as the age categories passed from high to low. As with the Srole Anomie Scale, externality increased in rank order as did anomie.

Using Duncan's procedure at the .01 level of significance, three groups were found to be distinct from the others. The under twenty-one category was significantly more external than all other categories. The twenty-one through twnety-five age group was next highest. The other four age groups were lumped together as not being distinct. Thus, as age increased, there is a distinct change from being externally oriented to being internally oriented.

The predicted differences in fear of death based upon sex were not supported. There were no significant test scores using any of the statistical techniques for any scale based upon sex differences. In this study, men simply do not have higher or lower fears of death, anomie, nor externality than females.

The predicted differences based upon the size of residence were also less than expected. For the Srole Anomie Scale, there were no significant differences in scores based upon size of residence using any statistical technique.

For the Fear of Death Scale, there were only slight statistical indicators of residence size as being a factor in predicting fear of death. The means for rural and small town dwellers were lowest and progressively the means increased as the size of residence increased with large cities having the highest means. For the ninety-five percent confidence level there were differences.

Thus, it would appear that while there is a definite pattern emerging that the larger the place of residence, the higher the fear of death. It would require more research to find significant results.

For the Internal-External Scale, using Analysis of Variance, there were significant differences (F= 2.55; .05). Thus, age would be a better predictor of Externality or Internality than would be size of residence. As before, all the means fell within the accepted ranges for the ninety-five percent level for a confidence interval. By none of the other statistical tests was size of residence statistically significant as a predictor of the Internal-External Scale.

The next factor to be taken into account is that of occupation. The occupations were divided into fourteen categories. Using Analysis of Variance (F=1.917; .05), occupation was not significant as a predictor for the Srole Anomia Scale. All of the means for the occupational categories did fall within acceptable limits for the ninety-five percent confidence interval.

Using Duncan's procedure, at the .01 level of significance, two distinct categories were identified. The categories of teacher, police, housewife, professionals, sales workers, private household workers, managers, and students were found to be significantly different from the categories of retired, clerical, craftsman, laborers, service workers, farmers, and oepative workers with the latter group being significantly higher in anomie. The Scheffe's procedure at all three levels of significance found the same distinct categories.

The Duncan procedure at the .05 level produced more categories, but the order was the same as above with teachers having the lowest rates of anomie and operative workers having the highest. This would indicate that occupation, while showing clear trends, is at best a weak indicator of anomie. Again further study and refinement might produce better results.

For the Fear of Death Scale, the results were only slightly better. The Analysis of Variance (F=.562; .01) was not significant. Again, all of the means fell within the accepted limits for the ninety-fice percent confidence intervals.

Using the Duncan procedure at the .01 level of significance, three distinct groupings were noted. Teachers as a category and significantly the highest fear of death scores. All of the rest of the occupations were grouped together in between these two.

This would indicate that occupation is also a somewhat weak predictor of fear of death, but it is still a predictor of some value. Again, perhaps different sampling techniques or refinement of the instrument would yield more significant results.

For the Internal-External Scale, using Analysis of Variance (F=2.112; .05) significant results were obtained. The ninety-five percent confidence intervals for the means were also within the accepted limits, and it was also at the .01 level. Thus, occupation appears to be an indicator of the Internal-External Scale. It has general predictive value and should be used as a variable.

Duncan's procedure and Scheffe's procedure at all levels simply indicated the same trend as the Analysis of Variance procedure. Widowed people had the lowest fear of death levels as expected, followed by married, divorced, and lastly, by single people. None of the levels of significance produced any results other than showing a definite trend.

Thus, marital status is a good predictor of fear of death with widowed people being less fearful, married people being slightly more fearful, divorced people being still more fearful, and single

people being most afraid of death as predicted. Thus, making this an excellent predictor of fear of death.

For the Internal-External Scale, Analysis of Variance (F=6.991; .01) was significant. Also, the ninety-five percent confidence intervals were all within accepted limits. The same pattern as above emerged. Single people were more external followed by married, divorced, and widowed people going in the direction of being more internally oriented as was predicted. The Duncan procedure and the Scheffe procedure demonstrated the same trend at all levels of significance. Thus, marital status is a good predictor of the Internal-External index as was expected.

CHAPTER V CONCLUSIONS

The data suggests that the fear of death is inversely correlated with the degree of integration of the individual in his or her social groups. Those people with higher rates of anomie did exhibit greater fears toward death. Those people who were more externally oriented also exhibited greater fears toward death. Both findings were predicted.

The revision of Durkheim's typology also yielded some results. The fatalistic type of attitude toward death which sees death as an escape was not tested. To do so would have required a different type of sample. Death as the price for a chosen life-style was tested by including police officers, Federal Bureau of Investigation agents, and Indiana State Policemen in the sample. All were very low on the fear of death scale as predicted. The anomic type, as arleady suggested, exhibited greater fears of death as expected. The altruistic type was more difficult to measure. Since the over fifty category had significantly lower fears of death, it would seem to at least not detract from the theory. Those who saw religion as preparing them for death also exhibited significantly lower fears of death which is also consistent. The egoistic type seemed most prevalent among those persons who had little meaning or purpose in life. These persons also had higher fear of death scores as expected. Generally, then, the findings confirmed the hypotheses. It remains to be seen if replication would yield similar results.

The lower level hypotheses were generally also supported with

some exceptions. Projected differences in fear of death between males and females simply were not there. Also, the older the respondent, the lower the fear of death. Had children been included in the sample, this might not have been the case. A trend also existed in that the larger the size of residence, the higher the fear of death as was also expected. The differences were not as great as expected, however. The predicted differences in occupational categories were not as great as projected, but they were in the direction that was predicted. The lowest fears of death were found among teachers, police, housewives, sales workers, and managers in that order. The highest fears toward death were found among operative workers. The others were in the middle group. It was expected that professionals might score somewhat higher than they actually did on the fear of death scale. The distinctions between social class probably were not great enough to allow for significant differences in that area. The respondents were basically within a range of middle-class. As was expected, those who were often depressed or sad had higher rates of fear of death.

The best indicators of fear of death, other than the comparative scales used, were the age of the respondent and his or her marital status. Widowed persons were less fearful of death followed by married, divorced, and lastly by single people which was as projected.

As noted previously, the study was an attempt to add to the process of theory building in the area of attitudes toward death. The data gathered generally supported the theoretical postion taken in the study. The study was limited by the sample. It was not as broad as it possibly could have been. Had the upper class and the lower class

been more significantly represented, the results might have been affected. Another limitation was the use of the questionnaire. Since the research was exploratory in nature, no really good measures of fear of death had been tested and found to be both valid and reliable. The questionnaire needs improvement and some areas for this improvement have been found. Had adequate funding been available, a larger and more representative sample would have been taken. More intensive investigation is called for.

This study suggests several courses of action which could be taken in future research. First, additional studies are needed to investigate the factors involved in a fear of death scale. Second, additional studies are needed to investigate the effects of rapid social change on fear of death. Is there an adjustment to change over a long life that enables older persons to accept change more readily than younger persons as suggested by this study? Thirdly, more thorough understanding is needed of Durkheim's typology to determine if such types really exist or were only the result of the type of questions asked in this particular study. Fourthly, more research is needed in the area of commitment to groups and integration. If better measures of integration and commitment could be developed, then greater support to the theory could also be given.

Future research should also try to determine if there are other important factors that might be more predictive of fear of death. Such factors might include race, religious affiliation, religiosity, and so forth. Obviously, much work is still to be done.

APPENDIX I - QUESTIONNAIRE USED IN MAJOR STUDY

Age_____

Sex_____

Marital Status_____

Occupation_____

Residence: City_____State_____

In the statements below, please give your opinion about these items, whether you agree or disagree with the items as they stand. Circle your response.

1. In spite of what some people say, the lot of the average man is getting worse.
   Agree Disagree

2. It's hardly fair to bring children into the world with the way things look for the future.
   Agree Disagree

3. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.
   Agree Disagree

4. These days a person doesn't really know who he can count on.
   Agree Disagree

5. There's little use writing to public officials because they aren't really interested in the problems of the average man.
   Agree Disagree

For the following items please circle the appropriate response.

6. With regard to death, I am prepared and unafraid.
   Strongly Agree Agree No Opinion Disagree Strongly Disagree

7. Facing my daily tasks is a source of pleasure and satisfaction.
   Strongly Agree Agree No Opinion Disagree Strongly Disagree

8. I have not discovered a purpose or mission in life.
   Strongly Agree Agree No Opinion Disagree Strongly Disagree

9. If I could choose, I wish that I had never been born.
   Strongly Agree Agree No Opinion Disagree Strongly Disagree

10. If I should die today, I would feel that my life has been very worthwhile
Strongly Agree Agree No Opinion Disagree Strongly Disagree

11. My personal existence is utterly meaningless, without purpose.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

12. I am afraid of the consequences of being dead.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

13. I often worry about the manner in which I will die.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

14. My relisious experiences have generally served to decrease my fear of death.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

15. I have few, if any, leisure activities.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

16. I feel rejected and depressed most of the time.
Never Rarely Occasionally Fairly Often Frequently

17. I never think about death, execpt in reference to provisions for my survivors.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

18. I have attende funerals, visited cemeteries, and seen corpses.
Never Rarely Occasionally Fairly Often Frequently

19. I can think about being killed in an accident of by a fatal disease without becoming deeply depressed.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

20. If I knew that there was no life after death, I would drastically change the manner in which I live.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

21. I actively avoid thoughts about my own death.
Strongly Agree Agree No Opinion Disagree Strongly Disagree

The following questions are designed to find out the way in which important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be true as far as you are concerned. Be sure to select the one you actually believe to be true rather than the one you think you should choose or the one you would rather like to be true. This is a measure of personal belief; obviously there are no right or wrong answers.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you are concerned. Also try to respond to each item independently when making your choice. Also try not to be influenced by your previous choice.

1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in peoples' liveseare partly due to bad luck.
   b. Peoples misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks on cannot become an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.

8. a. Heredity plays the major role in determining one's personality.
   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.
   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
    b. Many times exam questions tend to be so unrelated to course work that studying is really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
    b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
    b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
    b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
    b. There is some good in everybody.

15. a. In my case getting what I want has little to do with luck.
    b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
    b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand or control.
    b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
    b. There really is no such thing as "luck."

19. a. One should always be willing to admit mistakes.
    b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
    b. How many friends you have depends upon how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.
    b. Most misfortunes are the result of lack of ability, ignorance, laziness or all three.

22. a. With enough effort we can wipe out political corruption.
    b. It is difficult for people to have much control over the things that politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
    b. There is a direct connection between how hard I study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
    b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
    b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
    b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
    b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.
    b. Sometimes I feel that I don't have enough control over the direction of my life.

29. a. Most of the time I can't understand why politicians behave the way they do.
    b. In the long run the people are responsible for bad government on a national as well as on a local level.

Bibliography

Aries, Philippe. Western Attitudes Toward Death: From the Middle Ages to the Present. Baltimore: Johns Hopkins University Press, 1974

Aron, Raymon, Main Currents in Sociological Thought, Volume II. New York: Basic Books, 1967.

Black, Max. The Social Theories of Talcott Parsons. Englewood Cliffs, New Jersey: Prentice Hall, 1966.

Blalock, Herbert M. Social Statistics. New York: McGraw Hill, 1972.

Blalock, Herbert M. Theory Construction: from Verbal to Mathematical Formulations. Englewood Cliffs, New Jersey: McGraw Hill, 1966.

Bender, David. Problems of Death. Anoka, Minnesota: Greenhaven Press, 1974.

Berger, PeterL. and Brigitte Berger. Sociology: A Biographical Approach. New York: Basic Books, 1975.

Berger, Peter L. The Sacred Canopy. New York: Doubleday, 1967.

Brim, Orville, et.al. The Dying Patient. New York: Russell Sage Foundation, 1970.

Brown, Norman O. Life Against Death. New York: Vintage Books, 1959.

Cavan, Ruth S. Suicide. Chicago: The University of Chicago Press, 1928.

Choron, Jacques. Suicide. New York: Charles Scribner's, Sons, 1973.

Douglas, Jack. The Social Meanings of Suicide. Princeton, New Jersey: Princeton University Press, 1967.

Dumont, Richard and Dennis Foss. The American View of Death: Acceptance or Denial. Cambridge, Massachuetts: Schenkman Publishing Company, 1972.

Durkheim, Emile. The Elementary Forms of the Religious Life. New York: Free Press, 1915.

Durkheim, Emile. On Morality and Society. Chicago: University of Chicago Press, 1973.

Durkheim, Emile. The Rules of Sociological Method. Chicago: The American Journal of Sociology, 1896.

Durkheim, Emile. Socialism and Saint-Simon. Yellow Springs, Ohio: Antioch Press, 1958.

Durkheim, Emile. Suicide. New York: Free Press, 1951.

Easson, William. The Dying Child. St. Louis, Missouri: Thomas, 1970.

Farber, Maurice L. Theory of Suicide. New York: Funk and Wagnalls, 1968.

Feifel, Herman, ed. The Meaning of Death. New York: McGraw-Hill, 1959.

Folta, Jeanne and Edith Deck, eds. A Sociological Framework for Patient Care. New York: John Wiley and Sons, 1966.

Fulton, Robert. Death and Identity. New York: John Wiley and Sons, 1965.

Fulton, Robert. Death, Grief and Bereavement: 1845-1973. Minneapolis: University of Minnesota, 1973.

Gibbs, Jack P., ed. Suicide. New York: Harper and Row, 1968.

Glaser, Barney and Ansolm L. Strauss. Awareness of Dying. New York: Aldine, 1965.

Glaser, Barney and Ansolm L. Strauss. Time for Dying. New York: Aldine, 1968.

Gordon, David C. Overcoming the Fear of Death. Baltimore: Penguin Books, 1972.

Gorer, Geoffrey. Death, Grief, and Mourning. Garden City, New York: Doubleday, 1969.

Green, Betty R. and Donald Irish. Death Education: Preparation for Living. Cambridge, Massacheutts: Schenkman Publishing Company, 1971.

Grollman, Earl A. Explaining Death to Children. Boston: Beacon Press, 1971.

Grollman, Earl A. Talking About Death. Boston: Beacon Press, 1970.

Harmer, Ruth M. The High Cost of Dying. New York: Crowell-Collier Press, 1963.

Hinton, John. Dying. Baltimore: Penguin Books, 1967.

Hoffer, Eric. The True Believer. New York: Harper and Row, 1951.

Irion, Paul E. The Funeral: Vestige or Value? Nashvill: Abingdon Press, 1970.

Jackson, Edgar M. Telling A Child About Death. New York: Channel Press, 1965.

Jackson, Edgar N. Understanding Grief. New York: Abingdon Press, 1957.

Jackson, Edgar N. When Someone Dies. Nashville: Abingdon Press, 1970.

Kaplan, Abraham, The Conduct of Inquiry. San Francisco: Chandler, 1964.

Korin, Basil P. Statistical Concepts for the Social Sciences. Cambridge, Massachuetts: Winthrop, 1975.

Kubler-Ross, Elisabeth. On Death and Dying. New York: MacMillian, 1969.

Kubler-Ross, Elisabeth. Questions and Answers on Death and Dying. New York: MacMillan, 1974.

Lifton, Robert J. and Eric Olson. Living and Dying. New York: Praeger, 1974.

Loether, Herman J. and Donald G. McTavish. Descriptive Statistics for Sociologists. Boston: Allyn and Bacon, 1974.

Loether, Herman J. and Donald G. McTavish. Inferential Statistics for Sociologists. Boston: Allyn and Bacon. 1974

Merton, Robert K. Social Theory and Social Structure. Glencoe, Illinois, Free Press, 1968.

Mack, Arien, ed. Death in American Experience. New York: Schocken Books, 1972.

Miller, Delbert C. Handbook of Research Design and Social Measurement. New York: David McKay, 1970.

Mills, Liston,O., ed. Perspectives on Death. New York: Abingdon Press, 1969.

Mitford, Jessica. The American Way of Death. Greenwich, Connecticut; Fawcett, 1963.

Nagy, Marie H. The Meaning of Death. New York: McGraw-Hill, 1965.

Nisbet, Robert A. Emile Durkheim. Englewood Cliffs, New Jersey: Prentice-Hall, 1965.

Parkes, Colin Murray. Bereavement. New York: International University Press, 1973.

Parsons, Talcott. The Social System. New York: Free Press, 1951.

Pearson, Leonard. Death and Dying. Cleveland: Case Western Reserve University Press, 1969.

Phares, E. Jerry. Locus of Control: A Personality Determinant of Behavior. Morristown, New Jersey: General Learning Corporation, 1973.

Roslansky, John D. The End of Life. Amsterdam: North Holland Publishing Company, 1973.

Runyon, Richard P. and Audrey Haber. Fundamentals of Behavioral Statistics. Reading, Massachuetts: Addison-Wesley, 1974.

Scott, Nathan A., Jr. The Modern Vision of Death. Richmond, Virginia: John Knox Press, 1967.

Smith, H. W. Strategies of Social Research: The Methodological Imagination. Englewood Cliffs, New Jersey: Prentice-Hall, 1975

Stinchcombe, Arthur L. Constructing Social Theories, New York: Harcourt, Brace, and World, 1968.

Sudnow, David. Passing On: The Social Organization of Dying. Englewood Cliffs, New Jersey: Prentice-Hall, 1967.

Toynbee, Arnold, et. al. Man's Concern with Death. New York: McGraw-Hill, 1969.

Vernon, Glenn M., Death Meanings. Salt Lake City, Utah: Association for the Study of Religion, 1973.

Vernon, Glenn M. The Sociology of Death. New York, Ronald Press, 1970.

Zetterber, Hans L. On Theory and Verification in Sociology. Totwa, New Jersey: Bedminister Press, 1963.

Bell, Wendell. "Anomie, Social Isolation, and the Class Structure," Sociometry, 20 (June, 1957), 105-116.

Blalock, Hubert M., Jr. "Making Causal Inferences for Unmeasured Variables from Correlations among Indicators," American Journal of Sociology, 69 (July, 1963), 53-62.

Lenski, Gerhard E. and John C. Leggett. "Caste, Class, and Deference in the Research Interview," American Journal of Sociology, 65 (March, 1960), 463-467.

Seeman, Melvin. " On the Meaning of Alienation," American Sociological Review, 24 (December, 1959), 783-791.

Seeman, Melvin. "On the Personal Consequences of Alienation in Work," American Sociological Review, 32 (April, 1967), 273-285.

Srole, Leo. "Social Integration and Certain Corollaries: An Exploratory Study," American Sociological Review, 21 (December, 1956), 709-716.